**Files/Tabs**

* **Admin\_Demographic**: Contains Patient Demographic Information. Should be completed by the patient and screener.
* **Screening**: Contains AHC HRSN screening questions, answers and results. Should be completed by the patient and screener.
* *There may be cases where Admin\_Demographic and Screening are combined. These rules assume that they are being sent separately.*
* **QE\_Admin\_Data***:* Contains facility level information. Should be completed by the QE.

**Quality Assurance Measures**

1. All columns are present.
2. All correct column headers are present.
3. No displaced rows are present.
4. Meets all required standard formatting for CSV. (i.e. no delimitation issues are present)

**QE/QCS Data Quality Measures**

* There are two elements QEs are required to append to the CSV for cross validation:
  + MPI ID
  + Facility ID

**Cross Tab Validation**

*Only applies if CSV comes in in a cross tab or separate CSV file.*

|  |  |
| --- | --- |
| COLUMN\_NAME | RULES |
| MRN\_ID | * MRNs are matching across Admin\_Demographic, QE\_Admin\_Data and AHC\_HRSN |
| FACILITY\_ID | * FACILITY\_ID matches across Admin\_Demographic, QE\_Admin\_Data and AHC\_HRSN |

**Admin\_Demographic Sheet**

|  |  |
| --- | --- |
| COLUMN\_NAME | RULES |
| MPI\_ID | * MPI ID has been appended by a QE and is unique per patient. |
| MRN\_ID | * Has a unique value per patient and facility. |
| FACILITY\_ID | * Has a unique value per facility. |
| CONSENT | * Is complete across all rows. * Has a consistent Yes or No value per patient. |
| FIRST\_NAME | * Is complete across all rows. * Has a consistent non-numeric, alphabetical name for a distinct MRN. |
| MIDDLE\_NAME | * If available, is complete across all rows. * Has a consistent non-numeric, alphabetical name for a distinct MRN. |
| LAST\_NAME | * Is complete across all rows. * Has a consistent non-numeric, alphabetical name for a distinct MRN. |
| ADMINISTRATIVE\_SEX | * Is complete across all rows. * Value is consistently M, F or X. |
| SEX\_AT\_BIRTH | * If available, complete across all rows. * Value is consistently M, F or X. |
| PAT\_BIRTH\_DATE | * Is complete across all rows. * Date of Birth is numeric and follows YYYY-MM-DD. * YYYY is not before 1915 or after current date. * *MM is between 1 and 12.* * *DD is between 1 and 31 for MM- 01, 03, 05, 07, 08, 10, 12.* * *DD is between 1 and 30 for MM- 04, 06, 09, 11* * *DD is between 1 and 27 for MM- 02 unless YYYY is 1916x every 4 years, DD is between 1 and 29.* |
| ADDRESS1 | * If available, is complete across all rows. * Contains both numeric and alphabetic values. * Is not a string of numbers. |
| ADDRESS2 | * If available, is complete across all rows. * Contains both numeric and alphabetic values. * Is not a string of numbers. |
| CITY | * Is complete across all rows. * Is a city in New York State. |
| STATE | * Is complete across all rows. * New York or NY. |
| ZIP | * Is complete across all rows. * 5 digits or 9 digits. * All numeric. |
| GENDER\_IDENTITY\_CODE\_SYSTEM\_NAME | * If available, is complete across all rows. * SNOMED-CT or SNOMED |
| GENDER\_IDENTITY\_CODE | * If available, is complete across all rows. * Please see codes below. |
| GENDER\_IDENTITY\_CODE\_DESCRIPTION | * If available, is complete across all rows. * Please see code descriptions below. |
| SEXUAL\_ORIENTATION\_CODE\_SYSTEM\_NAME | * If available, is complete across all rows. * SNOMED-CT or SNOMED |
| [SEXUAL\_ORIENTATION\_CODE](https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.7609) | * If available, is complete across all rows. * Please see codes below. |
| [SEXUAL\_ORIENTATION\_CODE\_DESCRIPTION](https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.7609) | * If available, is complete across all rows. * Please see code descriptions below. |

|  |  |
| --- | --- |
| PREFERRED\_LANGUAGE\_CODE\_SYSTEM\_NAME | * If available, is complete across all rows * ISO or ISO 639-2 |
| PREFERRED\_LANGUAGE\_CODE | * If available, is complete across all rows * Codes align with [ISO](https://www.loc.gov/standards/iso639-2/php/code_list.php). |
| PREFERRED\_LANGUAGE\_DESCRIPTION | * If available, is complete across all rows * Code descriptions align with [ISO](https://www.loc.gov/standards/iso639-2/php/code_list.php). |
| RACE\_CODE\_SYSTEM\_NAME | * If available, is complete across all rows * CDC or CDCRE |
| RACE\_CODE | * If available, is complete across all rows * Aligns with [CDC version 1.2.](https://www.cdc.gov/phin/resources/vocabulary/documents/PH_RaceAndEthnicity_CDC_v1.2.xlsx) |
| RACE\_CODE\_DESCRIPTION | * If available, is complete across all rows * Aligns with [CDC version 1.2.](https://www.cdc.gov/phin/resources/vocabulary/documents/PH_RaceAndEthnicity_CDC_v1.2.xlsx) |
| ETHNICITY\_CODE\_SYSTEM\_NAME | * If available, is complete across all rows * CDC or CDCRE |
| ETHNICITY\_CODE | * If available, is complete across all rows * Aligns with [CDC version 1.2.](https://www.cdc.gov/phin/resources/vocabulary/documents/PH_RaceAndEthnicity_CDC_v1.2.xlsx) |
| ETHNICITY\_CODE\_DESCRIPTION | * If available, is complete across all rows * Aligns with [CDC version 1.2.](https://www.cdc.gov/phin/resources/vocabulary/documents/PH_RaceAndEthnicity_CDC_v1.2.xlsx) |
| MEDICAID\_CIN | * Is complete across all rows * Follows the format two letters, 5 numbers, one letter. * Is unique per MRN\_ID. |
| ENCOUNTER\_ID | * Is complete across all rows * Is unique per encounter for each MRN\_ID. |

|  |  |
| --- | --- |
| GENDER\_IDENTITY\_CODE | GENDER\_IDENTITY\_CODE\_DESCRIPTION |
| 407377005 | Female-to-Male (FTM), Transgender Male, Trans Man |
| 446141000124107 | Female |
| 446151000124109 | Male |
| 446131000124102 | Genderqueer |
| 407376001 | Male-to-Female (MTF), Transgender Female, Trans Woman |
| ASKU | Asked but unknown |
| OTH | Other |
| UNK | Unknown |

|  |  |
| --- | --- |
| SEXUAL\_ORIENTATION\_CODE | SEXUAL\_ORIENTATION\_CODE\_DESCRIPTION |
| 42035005 | Bisexual |
| 20430005 | Straight |
| 38628009 | Gay or lesbian |
| OTH | Other |
| UNK | Unknown |

**Screening**

*This screening CSV currently assumes the use of AHC HRSN as the only screening tool used for the 1115 Waiver. This may change with the release of the RFA.*

|  |  |
| --- | --- |
| COLUMN\_NAME | Rules |
| PAT\_MRN\_ID | * MRN is complete across all rows. |
| FACILITY\_ID | * FACILITY\_ID is complete across all rows. |
| SCREENING\_NAME | * Is complete across all rows. * Screening name is AHCHRSN |
| SCREENING\_CODE\_SYSTEM\_NAME | * Is complete across all rows. * LN or LOINC |
| SCREENING\_CODE | * Is complete across all rows. * *Assuming AHC HRS tool and questions are sequential.* * Please see crosswalk for potential questions, answers, codes, domains and needs. |
| SCREENING\_METHOD | * If available, is complete across all rows. * In-Person, Phone, Website |
| RECORDED\_TIME | * Is complete across all rows. * Follows MM/DD/YYYY HH:MM:SS * *YYYY is not before 2023.* * *MM is between 1 and 12.* * *DD is between 1 and 31 for MM- 01, 03, 05, 07, 08, 10, 12.* * *DD is between 1 and 30 for MM- 04, 06, 09, 11* * *DD is between 1 and 27 for MM- 02 unless YYYY is 2024x every 4 years, DD is between 1 and 29.* * *HH is between 1 and 24.* * *MM is between 1 and 59.* * *SS is between 1 and 59.* |
| QUESTION | * Is complete across all rows. * AHC HRSN Question * Please see crosswalk for potential questions, answers, codes, domains and needs. |
| MEAS\_VALUE | * Is complete across all rows. * AHC HRSN Answers * Please see crosswalk for potential questions, answers, codes, domains and needs. |
| TOTAL SCORE | * Only complete if question=Safety total score. * Total of questions with safety domain. * Range: 4-20 |
| UCUM\_UNITS | Only populated for:   * Safety total score= {score} * In the last 30 days, other than the activities you did for work, on average, how many days per week did you engage in moderate exercise (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)?= d/wk * On average, how many minutes did you usually spend exercising at this level on one of those days?= min/d * How many times in the past 12 months have you had 5 or more drinks in a day (males) or 4 or more drinks in a day (females)?= {#}/a * How many times in the past year have you used illegal drugs?= {#}/a |
| QUESTION\_CODE | * Is complete across all rows. * Only LOINC codes. * Please see crosswalk for potential questions, answers, codes, domains and needs. |
| QUESTION\_CODE\_SYSTEM\_NAME | * Is complete across all rows. * LN or LOINC. |
| ANSWER\_CODE | * Is complete across all rows. * Only LOINC codes. * Please see crosswalk for potential questions, answers, codes, domains and needs. |
| ANSWER\_CODE\_SYSTEM\_NAME | * Is complete across all rows. * LN or LOINC. |
| PARENT\_QUESTION\_CODE | * Is complete across all rows. * Matches QUESTION\_CODE for AHC HRSN |
| SDOH\_DOMAIN | * Is complete across all rows. * Please see crosswalk for potential questions, answers, codes, domains and needs. |
| POTENTIAL\_NEED\_INDICATED | * Is complete across all rows. * Yes/No/NA * Is only Yes if this is an underlined answer in [AHC HRSN](https://www.cms.gov/priorities/innovation/files/worksheets/ahcm-screeningtool.pdf). Please see crosswalk. |
| ASSISTANCE\_REQUESTED | * If applicable, is complete. * Yes/No |

***QCS Validation Only***

**QE\_ADMIN\_DATA**

*QEs will populate this administration data not facilities. QCS will validate this information or it will be validated in the SHIN-NY Data Lake in a FHIR resource.*

|  |  |
| --- | --- |
| COLUMN\_NAME | RULES |
| PAT\_MRN\_ID | * Has a unique value per patient and facility. |
| FACILITY ID (Assigning authority) | * Has a unique value per facility. |
| FACILITY\_LONG\_NAME | * Is complete across all rows. * Is alphabetical. |
| ORGANIZATION\_TYPE | * Is complete across all rows. * Hospital, DTC, SNF, SCN, CBO, OMH, OASAS, Practice, Article 36, Article 40. MCO. |
| FACILITY ADDRESS1 | * Is complete across all rows. * Address is unique per facility. * Address is not a PO box. * Contains both numeric and alphabetic values. |
| FACILITY ADDRESS2 | * If applicable, is complete across all rows. * Address is unique per facility. * Address is not a PO box. * Contains both numeric and alphabetic values. |
| FACILITY CITY | * Is complete across all rows. * Is a city in New York State |
| FACILITY STATE | * Is complete across all rows. * New York or NY |
| FACILITY ZIP | * Is complete across all rows. * 5 digits or 9 digits. * All numeric. |
| VISIT\_PART\_2\_FLAG | * Is complete across all rows. * Yes/No * Only yes if part 2 facility. |
| VISIT\_OMH\_FLAG | * Is complete across all rows. * Yes/No * Only yes if OMH facility. |
| VISIT\_OPWDD\_FLAG | * Is complete across all rows. * Yes/No * Only yes if OPWDD facility. |

**SHIN-NY Data Lake Validation Rules**

* **TBD**